

Food Program Official Inspection Report

Siskiyou County Community Development Department Environmental Health Division 806 S. Main Street Yreka, California 96097 phone: (530) 841-2100, fax: (530) 841-4076

Facilit	y Na	me: Cornersto	ne C	afe		Permit #	
Addre	SS:	5759 Dunsmu	ir Av	e, Duns	muir, CA, 96025		
Permit Holder: Permit To Operate: Valid Not Valid							
Phone		310-740-2625			E-mail: info@rockit-foods.com		
Food		ty Certified Employ	yee:			Expiration Date:	
		23 CON 2	MAJ	OUT CO	The marked items represent Health Code violations ar	nd must be corrected as follows:	
Protection Time/ Temp.	1	Food Temp.	WIAJ	001 00		in must be confected as follows.	
	2	Prep./ Service			Pre-opening Inspection Conducted	d This Date	
	3	Storage/ Disp.	-		1		
Lim	4	Frozen Food			1		
otection	5	Pure Food			This facility is approved to open when the following is	completed:	
	6	Reused Food			1		
ď	7	Transportation			- Finish cleaning the facility.		
(D)	8	Storage Fac.			- Ensure that hot water of at least 100 degrees E is a	vailable at all times throughout the	
rage	9	Refrig. Units		8	 Ensure that hot water of at least 100 degrees F is available at all times throughout the facility. The facility may not operate if at any time hot water is not available. Schedule an inspection for the ANSUL system. 		
Food Storage	10	Thermometer					
poo	11	Hazardous Mat.					
<u> </u>	12	Spoils		5	- Obtain a food manager certification within 60 days.		
.dir	13	Wash/ Sanitize	÷.		- Obtain a lood manager certification within oo days.		
Uten./Equip.	14	Equip. Condition			- All employees obtain a food handlers card within 30	days of hire.	
	15	Utensil Condition					
	16	Storage			- Obtain all licenses and/or permits to operate from al	l necessary regulatory agencies	
e	17	Handwashing			that have jurisdictional oversight of this facility.		
Employee	Sec.	Employee Hygiene			4		
Ē	-	Employee Habits		2	4		
	100000	Food Cert./ Card		_	4		
Water	21	Water			4		
	22	Cross Con.	-		4		
Waste	_	Liquid Waste Refuse	-		4		
			-	8 8	4		
Vermin		Rodents/ Insects Animal/ Fowl	-		4		
>	20		-	2 C	4		
		Ventilation Doors			4		
ties	8 8	Floors	-	8	4		
Facilities	30				1		
ш	31				1		
	32	Janitorial Fac.			1		
		Lighting		3 ?	1		
	-	Clothing - Linen			1		
Misc.	-	Signs			1		
		Misc.			1		
MAJ =			OUT =	Out of co	mpliance COS = Corrected on-site		
Receiv	ed B	y (Print): Robert	Wed	aa	Received by (Signature):	Date: 12/30/2024	
REHS	(Prin	t): Rick Florence	do		REHS (Signature):	Phone: 530-841-2114	

Facility Name:	Cornerstone Cafe		
		esent Health Code violations and must b	be corrected as follows:
	I		
		,	
Received By (Print):		Received by (Signature):	Date:
	bert Wedaa		12/30/2024
REHS (Print): Rick Flor	ando	REHS (Signature):	Phone: 530-841-2114
Page 2	ENUU		550-641-2114

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